VERIFICATION OF CALIBRATION REPORT

Of DataMaster cdm BreathTest Instrument State of Alaska

Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

Superv	Datal visor/Operator Performing the Verification Procedure:	Master cdm S/N <u>1302</u>	296
	Name John J. Waldron	ID# 3392	Date08/14/09
A.	Agency Unalaska Department of Public Safety	Phone	907-581-1233
	Unalaska, AK 99685		
	Alco S/N_X172985	High Pressure	400
В.	Alco Test Values	. 083 2nd Test Value	
	Signature John J Waldron		a
	(OVER)		844 /2/0

(Do not write in the area below)

- I, Nita J. Bolz, after being first duly sworn, depose and state as follows:
- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

1 day of 50pt, 2009.

(6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz

Scientific Director

State Breath Alcohol Program

State Breath Alcohol Flogram

Subscribed and sworn before me this 2

(Notary Seal Stamp)

Carolyn M Noland

Notary Public, State of Alaska Commission Expires with Office

VERIFICATION OF CALIBRATION REPORT

Of DataMaster cdm BreathTest Instrument State of Alaska

Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

DataMaster cdm S/N 130296

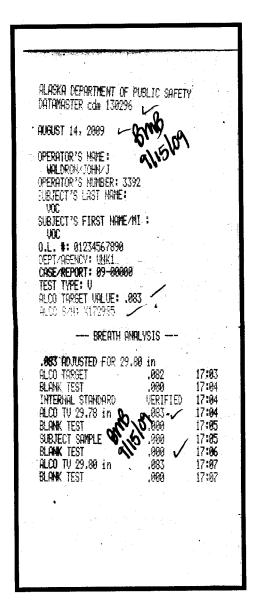
Supervisor/Operator & Number Performing the Verification Procedure: <u>John J. Waldron, #3392</u> Department and Date: <u>Unalaska DPS,</u>

(CONTINUED FROM FRONT PAGE)

C. TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

DIAGNOSTIC CHECK



		and the second	
9	ALASKA DEPARTMENT OF PUBLIC SAFETY DATAMASTER cdm 130296		
,	AUGUST 14, 2009 — TIME 17:08		
	- DIGGNOSTIC CHECK		
	COMPUTER:	OKAY .	
4	PROGRAM:	OKAY	
	SOFTWARE DATE:	02/20/01	
	HEATERS SAMPLE CHAMBER: BREATH TUBE:	49c 42c	
	SAPONETER:	29.30 in	
* washing	FLOW DETECTOR:	OKRY —	
	PIMP HIGH SPEED: -	- CKAY ~	
	CETECTOR:	OKAY	
	FILJERS:	OKAY	
*	QUARTZ STANDARD:	OKAY	
	CALIBRATION:	CKAY	
	R TEST 456789:;<=>? aABCDEF 6 •}^_`abcdefghijkl e no		